


**FOR PROFIT CORPORATION** 2005  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90470 026 \*\*\*150.00

DOCUMENT # P 98 0000 10744

1. Entity Name  
M & R HARVESTING, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
12765 W. FOREST HILL BLVD  
 Suite, Apt. #, etc.  
SUITE A 1304

3. Mailing Address  
12765 W. FOREST HILL BLVD.  
 Suite, Apt. #, etc.  
SUITE 1304

DO NOT WRITE IN THIS SPACE

City & State  
WELLINGTON, FL

City & State  
WELLINGTON, FL.

Zip  
33414 Country  
USA

Zip  
33414 Country  
USA

4. FEI Number  
65-1027388

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1, Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	<u>P</u>	TITLE	
NAME	<u>MIGUEL R PERALES</u>	NAME	
STREET ADDRESS	<u>11750 ST ANDREWS PL # 305</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>WELLINGTON, FL. 33414</u>	CITY-ST-ZIP	
TITLE	<u>VS</u>	TITLE	
NAME	<u>JESUS PERALES</u>	NAME	
STREET ADDRESS	<u>12765 W FOREST HILL BLVD # 1304</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>WELLINGTON, FL. 33414</u>	CITY-ST-ZIP	
TITLE	<u>S</u>	TITLE	
NAME	<u>JESUS PERALES</u>	NAME	
STREET ADDRESS	<u>12765 W. FOREST HILL BLVD # 1304</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>WELLINGTON, FL. 33414</u>	CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowers.

SIGNATURE: [Signature] JESUS PERALES Vicel. 04-26-05 561-798-9800

DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034B (12/02)